

BK 1490PG0050

STATE MS.-DE SOTO CO.

APR 15 3 47 PM '02

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

Rosemary Poetzel (414) 665-1987

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

The Northwestern Mutual Life  
Insurance Company  
720 E. Wisconsin Avenue  
Milwaukee, Wisconsin 53202  
Attn: R. Poetzel, N16WC

BK 1490 PG 50  
W.E. DAVIS CH. CLK.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # Bk. 900, Pg. 255, April 18, 1997

DeSoto County Recorder, Mississippi

1b. This FINANCING STATEMENT AMENDMENT is

☒ to be filed [for record] (or recorded) in the  
☒ REAL ESTATE RECORDS2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.3. ☒ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

## 6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME Space Center Memphis, Inc.  
2501 Cleveland Avenue North, St. Paul, Minnesota 55113-2717  
OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

## 7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME  
OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
7d. TAX ID #: SSN OR EIN 41-1849881 ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION corporation 7f. JURISDICTION OF ORGANIZATION Minnesota 7g. ORGANIZATIONAL ID #, if any 9H-709 ☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME The Northwestern Mutual Life Insurance Company  
720 E. Wisconsin Avenue, Milwaukee, Wisconsin 53202  
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

## 10. OPTIONAL FILER REFERENCE DATA

C-332053

FILING OFFICER COPY

NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

REORDER FROM  
Registré, Inc.  
514 PIERCE ST.  
P.O. BOX 219  
ANOKA, MN. 55303  
(763) 421-1713